

## 2014 Federal Employees Health Benefit Plan Premium Rates – 10 Month

### 2014 Federal Employees Health Benefits (FEHB)

The premium rates listed below are for all American Federation of State, County and Municipal Employees (AFSCME) Paraprofessionals, Dedicated Aides, and Educational Aides who were hired on or after October 1, 1987. Insurance coverage continues through the summer months when 10-month employees are in a non-pay status.

### Cost of Benefits for Domestic Partners and Domestic Partners + Children

Please note that if you are enrolling a domestic partner or a domestic partner and children, you will pay the corresponding (Self + 1 or Family) rate AFTER-TAX. This applies to common-law and same-sex domestic partners.

TYPE	ENROLLMENT CODE	2013 BIWEEKLY PREMIUM	2013 MONTHLY PREMIUM
<b>AETNA OPEN ACCESS HIGH OPTION</b>			
Self	JN1	\$ 255.64	\$ 562.41
Family	JN2	\$ 576.05	\$ 1,267.32
<b>AETNA OPEN ACCESS BASIC OPTION</b>			
Self	JN4	\$ 76.48	\$ 168.25
Family	JN5	\$ 171.01	\$ 376.22
<b>AETNA HEALTHFUND CONSUMER DRIVEN HEALTH PLAN (CDHP) – NEW PLAN</b>			
Self	F51	\$ 89.03	\$ 195.86
Family	F52	\$ 212.85	\$ 468.26
<b>AETNA HEALTHFUND HIGH DEDUCTIBLE HEALTH PLAN (HDHP)</b>			
Self	F54	\$ 71.23	\$ 156.70
Family	F55	\$ 161.76	\$ 355.86

<b>APWU HEALTH PLAN HIGH OPTION</b>			
Self	471	\$ 74.56	\$ 164.03
Family	472	\$ 168.60	\$ 370.92
<b>APWU HEALTH PLAN CONSUMER DRIVEN HEALTH PLAN (CDHP)</b>			
Self	474	\$ 53.13	\$ 116.90
Family	475	\$ 119.54	\$ 262.99

<b>BLUE CROSS BLUE SHIELD STANDARD</b>			
Self	104	\$ 103.79	\$ 228.33
Family	105	\$ 242.25	\$ 532.95

TYPE	ENROLLMENT CODE	2013 BIWEEKLY PREMIUM	2013 MONTHLY PREMIUM
<b>BLUE CROSS BLUE SHIELD BASIC</b>			
Self	111	\$ 72.04	\$ 158.50
Family	112	\$ 168.70	\$ 371.15
<b>CAREFIRST BLUECHOICE HIGH OPTION</b>			
Self	2G1	\$ 115.51	\$ 254.12
Family	2G2	\$ 265.60	\$ 584.32
<b>GEHA BENEFIT PLAN HIGH OPTION</b>			
Self	311	\$ 110.82	\$ 243.80
Family	312	\$ 263.51	\$ 579.72
<b>GEHA BENEFIT PLAN STANDARD OPTION</b>			
Self	314	\$ 56.82	\$ 125.01
Family	315	\$ 129.22	\$ 284.28
<b>GEHA HIGH DEDUCTIBLE HEALTH PLAN (HDHP)</b>			
Self	341	\$ 60.12	\$ 132.26
Family	342	\$ 137.30	\$ 302.07
<b>KAISER FOUNDATION HEALTH PLAN HIGH OPTION</b>			
Self	E31	\$ 92.32	\$ 203.11
Family	E32	\$ 229.77	\$ 505.49
<b>KAISER FOUNDATION HEALTH PLAN STANDARD OPTION</b>			
Self	E34	\$ 52.61	\$ 115.75
Family	E35	\$ 121.02	\$ 266.24
<b>MAIL HANDLERS BENEFIT PLAN VALUE OPTION</b>			
Self	414	\$ 61.64	\$ 135.62
Family	415	\$ 146.97	\$ 323.34
<b>MAIL HANDLERS BENEFIT PLAN STANDARD OPTION</b>			
Self	454	\$ 114.07	\$ 250.95
Family	455	\$ 275.81	\$ 606.79
<b>MAIL HANDLERS BENEFIT PLAN CONSUMER OPTION</b>			
Self	481	\$ 74.41	\$ 163.70
Family	482	\$ 168.61	\$ 370.94
<b>MDIPA HIGH OPTION</b>			
Self	JP1	\$ 110.43	\$ 242.94
Family	JP2	\$ 273.40	\$ 601.48
<b>NALC</b>			
Self	321	\$ 87.94	\$ 193.47
Family	322	\$ 178.51	\$ 392.73